STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER Groton Independent	2. DATE OF FILING	
3. FREQUENCY OF ISSUE	3A. NO. OF ISSUES PUBLISHED	9-30-00
Weekly	ANNUALLY	3B. ANNUAL SUBSCRIPTION PRICE
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICAT	ION Canal Chi Courty Court and T	3343 Local 44.52 el
POBOX 588, Groton, Brown,	50 57445-0588	
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GEN	ERAL BUSINESS OFFICES OF THE	PUBLISHER (Not printer)
6. FULL NAME OF PUBLISHER: Paul Foxin Kosel		
7. OWNER (If owned by a corporation, its name and address must be stall holders owning or holding 1 percent or more of total amount of stock. If not on ers must be given. If owned by a partnership or other unincorporated firm, its r	med by a corporation, the names and a name and address, as well as that of ea	ddresses of the individual own.
FULL NAME	COMPLETE MAILING ADDRESS	
Next Generation Publications. Inc.		
8. KNOWN BONDHOLDERS, MORTGAGEES, AND OTHER SECURITY TAL AMOUNT OF BONDS. MORTGAGES OR OTHER SECURITIES (If there	HOLDERS OWNING OR HOLDING 1 I	PERCENT OR MORE OF TO- reded, list on back of this form)
Wells Fargo Groton SD S	57445	
EXTENT AND NATURE OF CIRCULATION (See instructions on reverse side)	AVERAGE NO. COPIES EACH ISSUE D PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUE NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	\$33	510
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors and counter sales	25	32
Mail Subscription (Paid and or requested)	467	<i>yyy</i>
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 1081 and 1082)	479	463
D. FREE DISTRIBUTION BY MAIL, CARRIER OR OTHER MEANS	Ø	Ø
SAMPLES, COMPLIMENTARY, AND OTHER FREE COPIES	Ø	Ø
E. TOTAL DISTRIBUTION (Sum of C and D)	479	463
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spolled after printing	41	34
2. Return from News Agents	13	13
G. TOTAL (Sum of E, F1 and 2 should equal net press run shown in A)	233	510
SIGNATI	URE AND TITLE OF PUBLISHER, BUS	
I swear that the statements made by me above are	kee Sinel or	lice ma
State of South Dakota) Swi	orn to before me this	Second day of
	October	. 19 200C
County of Broken	0 001	n , 10 <u>200</u> 0
No.	tary Public	
My	commission expires	
Form: SOS REC (\$1 01/93	Continuosion expires	y 7, acco